U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

B

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

| E MS DROW | | |
|--|--|--|
| 1. File Number U - 3062 | 2. Fiscal Year Covered From: | |
| - | 1/1/04 Through: 12/31/04 | |
| 3. Name and address of person filing. | 4. Name, file number, and address of labor organization. | |
| Name ROBERT T WIBER | Name TEAMSTERS LOCAL 344 | |
| | Labor Organization File Number 036-973 | |
| P.O. Box, Bldg., Room No., if any | P.O. Box, Building and Room Number, if any | |
| Street 560 WZ4270 REDUNG DN | Street 10020 W. aplen Files Ack | |
| City WAVKESHA | City MILCHAUKEL | |
| State | State | |
| 5. Position in labor organization. BUSINESS REPRESENTATIONE | | |
| A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent. | | |
| Name and address of Employer (including trade name, if any). | 7.a. Nature of Interest, Transaction, or Income. | |
| Name | | |
| Trade Name, if any: | | |
| P.O. Box, Bldg., Room No., if any | | |
| Street | 7.b. Amount. | |
| City | | |
| State ZIP Code + 4 | | |
| Signature | | |
| 15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.) | | |
| Signed Deletine | On 8-8-05 4442584545 | |
| | Date Telephone Number | |

| Name of Person Filing ROBERT T.WEBE | File Number U- | | |
|---|--|--|--|
| B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested. | | | |
| 8. Name and address of Business (including trade name, if any). | 9. Business deals with: | | |
| Name MYI MARSHALL +16SLEY BANK | | | |
| Trade Name, if any: | a. Labor Organization b. Trust | | |
| P.O. Box, Bldg., Room No., if any | c. Employer | | |
| Street 770 N WATER ST: | lucanos | | |
| City MICWACKER | | | |
| State U/. ZIP Code + 4 5320/ | | | |
| 10. If 9.b. or 9.c. is checked give trust or employer's name. | 11.a. Nature of such dealing. | | |
| Name MILWAUKEE DRIVERS HOW + PTRUSTS | MORTGAGES & CHECKING | | |
| Trade Name, if any: | ACCOUNTS | 00000000000000000000000000000000000000 | |
| P.O. Box, Bldg., Room No., if any | | 22 | |
| Street 10020 W. CREENFIES AUX | 11.b. Approximate dollar value of such dealing. | ZERO | |
| City MICORULER | 12.a. Nature of interest held or income received. | | |
| State U/ ZIP Code + 4 532/y 3906 | MORTGAGES & CHECKING | | |
| | | de construent de | |
| | 12.b. Amount. | ZERO | |
| C. Received from any employer (other than an employer covered unde | r parts A and B above) | * | |
| or from any labor relations consultant to an employer any payment of money | or other thing of value. 14.a. Nature of payment. | | |
| 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). | 14.a. Nature of payment. | | |
| Name | | *************************************** | |
| Trade Name, if any: | | 000000000000000000000000000000000000000 | |
| P.O. Box, Bldg., Room No., if any | | CHAPTER STATE OF THE STATE OF T | |
| Street | | | |
| City | | | |
| State ZIP Code + 4 | | | |
| 13.b. Is the Business an Employer or Consultant? | 14.b. Amount of payment. | | |

DISCLAIMER

The transactions, dealings and interests that are reported in the attached Form LM-30 represent my good faith effort to reconstruct any reportable occurrences for calendar year 2004. Some items may have been unintentionally omitted. If, in the future, it comes to my attention that there is a matter which should have been reported for calendar year 2004, I will file an amended Form LM-30.

Signature

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Date